

**United States Bankruptcy Court
Western District of Virginia
1101 Court St., Room 166, Lynchburg, VA 24504
(434) 845-0317**

May 6, 2008

Internal Revenue Service
Insolvency Unit
400 North 8th St. Box 76
Richmond, VA 23219-0000

RE: Frank Thomas Dombrowski
Chapter 13, Case No. 07-61223
PROOF OF CLAIM

Dear Sir or Madam:

You are hereby notified that counsel for debtor, Cox Law Group has filed a proof of claim on your behalf pursuant to Bankruptcy Rule 3004. A copy of said claim is enclosed.

Sincerely,

Marleca Adams
Marleca Adams, Deputy Clerk

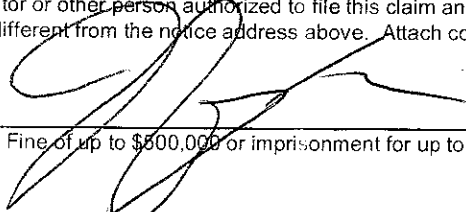
Enclosure

**cc: Debtor
Attorney for Debtor
Trustee**

cc of claim: Creditor

ntcl..frm

B-10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF VIRGINIA/LYNCHBURG DIVISION		PROOF OF CLAIM
Name of Debtor: Frank Thomas Dombrowski		Case Number: 07-61223
<i>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Internal Revenue Service**		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____
Name and address where notices should be sent: Insolvency Unit 400 North 8th St., Box 76 Richmond, VA 23219-0000		
Telephone number: _____		
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number: _____		
1. Amount of Claim as of Date Case Filed: <u>\$5,804.95</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)(____)
2. Basis for Claim: <u>Taxes</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: _____ Annual Interest Rate: _____ Amount of arrearage and other charges as of time case filed included in secured claim, if any: _____ Basis for perfection: _____ Amount of Secured Claim: _____ Amount Unsecured: _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		Amount entitled to priority: <u>\$5,804.95</u> <small>* Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
Date: 1/28/2008	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. 	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service

Form 10
Attachment

In the Matter of: FRANK THOMAS DOMBROWSKI
15161 MONTANUS DR
CULPEPER, VA 22701

Docket Number

07-61223

Type of Bankruptcy Case

Chapter 13

Date of Petition

07/03/2007

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XXX-XX-4243	INCOME	12/31/2006	12/17/2007	\$5,705.39	\$99.56

Total Amount of Unsecured Priority Claims: **\$5,804.95**

Unsecured General Claims

Penalty to date of petition on unsecured priority claims (including interest thereon) \$81.13

Total Amount of Unsecured General Claims: **\$81.13**

• DAVID COX
• DAVID E. WRIGHT
• JANICE ROY HANSEN



1.800.254.2760
www.coxlawgroup.com

January 29, 2008

INTERNAL REVENUE SERVICE
INSOLVENCY UNIT
400 NORTH 8TH STREET, BOX 76
RICHMOND VA 23219

RE: FRANK THOMAS DOMBROWSKI
CHAPTER 13 BANKRUPTCY
CASE NO. 07-61223
ACCOUNT NO. 4243


Dear Sir or Madam:

This letter is to inform you that Mr. Cox has filed a proof of claim in the above referenced case because our review of the court's records indicates that you have not yet filed a claim yourself. A copy of this claim that has been filed with the bankruptcy court on your behalf is enclosed for your records.

In order to receive funds from the Trustee based on your proof of claim, you must provide the Trustee with documents which establish your lien, if any, on the property of the debtor(s) (such as a car title and security agreement) and provide some proof of the debt owed to you. *Unless this documentation is provided, the claim may not be allowed.*

Should you need any further assistance, please do not hesitate to contact me at the numbers above or by email at magen@coxlawgroup.com.

Sincerely,


Magen Dove Boone
Senior Bankruptcy Paralegal

Enclosures